

CLAIMS PROCEDURE INFORMATION

If you desire to file a claim against the Department of Public Utilities, please consider the following information. The Ohio Revised Code (Chapter 2744) defines the method for handling claims against political subdivisions. **Under Ohio law, political subdivisions are not liable in many types of cases.** However, a City can be liable for claims involving motor vehicle accidents (except for emergency runs), problems with streets, sidewalks, public buildings and grounds and proprietary functions. **If you are not sure whether the Department of Public Utilities is liable for your claim, please follow the following instructions so that a determination can be made.**

Even if the Department of Public Utilities is liable for your claim, Ohio Revised Code Section 2744.05 defines limitations on damages awarded. If a claimant receives or is entitled to receive benefits (for injuries or loss allegedly incurred) from a policy or policies of insurance or any other source, the benefits shall be disclosed to the Court, and the amount of the benefits shall be deducted from any award against a political subdivision recovered by that claimant. **This means that even if the Department of Public Utilities is at fault, you must file a claim with your own insurance company for property damage or medical expenses.** The Department of Public Utilities would then be responsible for uncovered items such as your deductible.

Also under Ohio laws, no insurer or other person is entitled to bring an action under a subrogation provision in an insurance or other contract against a political subdivision with respect to such benefits (O.R.C. 2744.05).

If you wish to proceed with your claim against the Department of Public Utilities for property damage or personal injury, please follow this procedure:

1. **Submit a claim to your own insurance company. This is necessary under Ohio law.**
2. Complete and submit a Claimant Statement form and notarized affidavit (if you have no insurance). You can print these forms and mail them to us at 910 Dublin Road, Columbus, Ohio 43215, Attn: Department of Public Utilities Claims Office. **NOTE: IF THE AMOUNT OF YOUR CLAIM IS FOR MORE THAN \$2,500.00, WE WILL FORWARD YOUR CLAIM TO THE CITY ATTORNEY'S OFFICE FOR RESOLUTION.**
3. Mail to us supporting documentation of your claim. Documentation should include:
 - Information indicating a filing of a claim with your own insurance company, including the amount of the claim, name of the insurance company and adjuster, and the amount that the insurance company paid. Also provide evidence as to the amount of your deductible by sending a copy of the declaration page of your policy. **NOTE: IF YOUR INSURANCE POLICY DOES NOT COVER SUCH DAMAGES, PLEASE INCLUDE A COPY OF THE CORRESPONDENCES FROM YOUR INSURANCE COMPANY STATING THIS. ALSO, PLEASE COMPLETE AND MAIL A NOTARIZED AFFIDAVIT STATING THAT YOU HAVE NO INSURANCE COVERAGE TO COVER THE DAMAGES. (IF AN AFFIDAVIT IS REQUIRED, YOU MUST MAIL THE ORIGINAL.)**
 - If damage to a motor vehicle, proof of ownership (Copy of Certificate of Title).
 - If property damage, at least two estimates. However, if you are eligible for partial reimbursement of your damages from insurance, you will only need one estimate.
 - If medical expenses, copy of bills.
 - Evidence of any other amounts you are claiming.
 - Names of persons with whom you have communicated regarding this claim.

Once information on a claim is received, an investigation is started to determine if the Department of Public Utilities is liable. All of the above information is necessary to start the investigation.

If the Department of Public Utilities is liable, the Department of Public Utilities cannot immediately write a check for damages. Claims must be approved by the Division, Department and occasionally Columbus City Council. If approved, Release and W-9 forms are sent to the claimant to sign. Once the Release and W-9 forms are returned, all documentation is forwarded to the Auditor for payment. This process can take several weeks.

This information is intended to provide general information to you on the claims procedure. It is in no way intended to cover every different type of claim. If you have any questions, please contact the Department of Public Utilities (614 645-6261), the City Attorney's Office (614 645-7984), or your own attorney.

Department of Public Utilities
Claims Section
910 Dublin Road 3rd Floor
Columbus, OH 43215-9052

CLAIMANT STATEMENT

(PLEASE TYPE OR PRINT)

Name:

(Last)

(First)

(M.I.)

Home Phone No.:

Business Phone No.:

Address:

City:

State:

Zip:

Date of Incident:

Time of Incident:

AM

PM

Incident Location:

Type of Claim: **Property Damage** **Injury** **Other:**

If This Involves Property Damage, Do You Own the Property? **Yes** **No**

Was a Police Report Taken? **Yes** **No** **If no, why?**

Witness(es): (If applicable)

Name:

Name:

Address:

Address:

Phone No.:

Phone No.:

City Employee Involved: (If Applicable/Known)

Name:

(Last)

(First)

(M.I.)

Nature of Claim: (Please Be Specific. Include Injuries, Items Damaged, Extent of Damage, Events Leading Up to the Incident and Contributing Factors.)

Claimant's Signature: _____

Date: _____

AFFIDAVIT

STATE OF OHIO)
) ss:
COUNTY OF FRANKLIN)

I, _____ do state that I reside at _____
and swear and affirm that I
have no insurance coverage that will cover damages to the property that I own, that is the
subject of this claim.

The property that was damaged on the _____ day of _____, 20____ is _____.

I further state that I am not entitled to receive additional reimbursement for this damaged
property from any other source other than the City of Columbus, and that all damages I am
claiming occurred are the results of this incident.

SWORN TO BEFORE ME and subscribed in my presence this _____ day
of _____, 20____.

NOTARY PUBLIC, STATE OF OHIO